Submit 3 Copies to Appropriate District Office

CONDITIONS OF AFPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	x 1980, Hobbs, NM 88240 310 Old Santa Fe Trail, Room 206			WELL API NO. 30-025-33286	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. V-2021		
					SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10:1) FOR SUCH PROPOSALS.) 1. Type of Well:
OIL GAS WELL OTHER			Conoco State		
2. Name of Operator			8. Well No.		
Stevens & Tull, Inc. 3. Address of Operator			9. Pool name or Wildcat		
P.O. Box 11005, Midland, TX 79702			West Teas Y-SR		
4. Well Location					
Unit Letter C : 3.	30 Feet From The North	Line and2	Page 1310 Feet From The	West Line	
Section 16	Township 20S R	ange 33E	NMPM Lea	County	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	V///		
		3538GR			
11. Check A	Appropriate Box to Indicate		eport, or Other Data SEQUENT REPOR	RT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERI	ING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. L PLUGA	AND ABANDONMENT	
ILL OR ALTER CASING CASING TEST AN		CASING TEST AND CE	DEMENT JOB L		
OTHER:		OTHER: Completi	lon	x	
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	stions (Clearly state all pertinent details,	and give pertinent dates, inc	luding estimated date of startin	ng any proposed	
	pulling unit and perfo	orate Seven Rive	ers Formation fro	m	
	' - 3215', 25 pf - 20 h				
9/10/06 - Swal	b test at 80 Bopd and 6	500 Rund prepare	to notential we	11	
8/10/96 - Swa	o test at ou bopu and t	oo bwpu prepare	to potential we	.11	
I hereby certify that the information above is true	and complete to the best of my knowledge and be	elief.			
Well HI	Miray LT	Consulting D	Engineer	8/28/96	
SIGNATURE	1	TLE			
TYPE OR PRINT NAME			TELEPHONE NO.		
(This space for State Use)					
Orig. S	igned b y Kautz				
		πε	DAT	TE	